

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

35455

State File No. 01415-7

BIRTH NO. _____

REG. DIST. NO. 155

PRIMARY REG. DIST. NO. 55172

Registrar's No. 172

1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Mineral</u> c. LENGTH OF STAY (In this place) <u>6 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jasper Co TB Hosp</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Eagle Rock</u> d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED a. (First) <u>Ernest</u> b. (Middle) <u>Legg</u> c. (Last) <u>Legg</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 3-1952</u>				
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Aug 22-1902</u>			
9. AGE (In years last birthday) <u>50</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		11. BIRTHPLACE (State or foreign country) <u>Butterville Mo</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>John Legg</u>		13b. MOTHER'S MAIDEN NAME <u>Cecilia Smith</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Records</u>			
MEDICAL CERTIFICATION							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Pulmonary Silico-Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____					
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>10/28</u> , 19 <u>52</u> , to <u>11/3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11/2</u> , 19 <u>52</u> , and that death occurred at <u>3:20</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Jesse E. Daigle M.D.</u>		23b. ADDRESS <u>Stett City Mo</u>		23c. DATE SIGNED <u>11/3/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-5-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction</u>			
24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Don Conroy</u>					
DATE REC'D BY LOCAL REG. <u>11/4/52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>					

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-10-52
Jasper County Health Office

County File Number 52/11/866

Date Filed 11-10-52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address West City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.